

FULL NAME OF INVENTOR(S)

Inventor three: N/A  
Signature: \_\_\_\_\_ Citizen of: United States

242047.1

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT	Application No.:
	Filing Date:
	First Named Inventor: Toby E. Smith
	Title: Sensor and Method for Detecting a Patient's Movement Via Position and Occlusion
	Attorney Dkt. No.: 57609/04-013

I hereby appoint:

X Practitioners at Customer Number 22206 → Place Customer Number  
Bar Code Label Here \_\_\_\_\_

OR

\_\_\_\_ Practitioner(s) named below:

Name	Registration No.

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:	
____ The above-mentioned Customer Number.	
OR	
____ Practitioners at Customer Number _____	→Place Customer Number Bar Code Label here _____
OR	
____ Firm or Individual Name _____	
Address _____	
City _____	State _____ Zip _____
Country _____	Telephone _____ Fax _____
I am the:	
____ <u>X</u> Applicant/inventor	
____ Assignee of Record of the entire interest. See 37 CFR 3.71	
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB96).	
<b>SIGNATURE of Applicant or Assignee of Record</b>	
Name: CRAIG L. COOPER	
Signature: <i>Craig L. Cooper</i>	
Date: <i>2/11/09</i>	
Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required.	
☑ Total of <u>2</u> form(s) is/are submitted.	

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT	Application No.: Filing Date: First Named Inventor: Toby E. Smith Title: Sensor and Method for Detecting a Patient's Movement Via Position and Occlusion Attorney Dkt. No.: 57609/04-013
--	---

I hereby appoint:

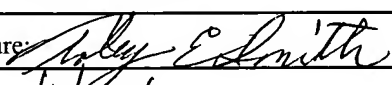
X Practitioners at Customer Number 22206 → Place Customer Number  
Bar Code Label Here \_\_\_\_\_

OR

\_\_\_\_ Practitioner(s) named below:

Name	Registration No.

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:	
____ The above-mentioned Customer Number.	
OR	
____ Practitioners at Customer Number _____	→Place Customer Number Bar Code Label here _____
OR	
____ Firm or Individual Name _____	
Address _____	
City _____	State _____ Zip _____
Country _____	
Telephone _____	Fax _____
I am the:	
<input checked="" type="checkbox"/> Applicant/inventor <input type="checkbox"/> Assignee of Record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB96).	
<b>SIGNATURE of Applicant or Assignee of Record</b>	
Name: TOBY E. SMITH	
Signature: 	
Date: 2/11/04	
Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required.	
☑Total of <u>2</u> form(s) is/are submitted.	